

3 copies
original

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO

Clarence H. Lay

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER:

PRISONER # 567594

vs.

Ohio Department of Corrections rehabilitations (O.D.C.)

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

2 2 0 C V 5 4 6 1

Judge Sargus

MAGISTRATE JUDGE DEAN

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

Clarence H. Lay #567594
NAME - FULL NAME PLEASE - PRINT

1580 St. Rt. 56 S.W.
ADDRESS: STREET, CITY, STATE AND ZIP CODE

London OH 43140

No Phone
TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES () NO (X)
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

DEFENDANTS:

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT: IF STATE COURT, NAME THE COUNTY)

3. DOCKET NUMBER

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

7. APPROXIMATE DATE OF THE DISPOSITION

PLACE OF PRESENT CONFINEMENT

- A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?
YES ☒ NO ☐
- B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE
PRISONER GRIEVANCE PROCEDURE? YES ☐ NO ☒
- C. IF YOUR ANSWER IS YES:
1. WHAT STEPS DID YOU TAKE?

2. WHAT WAS THE RESULT?

- D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

There was nothing to grieve could not change out come.
Cirrhosis stage 3 due to not being treated for hepatitis-c
for ten years

- E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID
YOU COMPLAIN TO PRISON AUTHORITIES? YES ☐ NO ☐

- F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

2. WHAT WAS THE RESULT?

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. OHIO Department of Corrections rehabilitations
NAMES - FULL NAME PLEASE
4545 Fisher rd. Columbus OH 43228 #614 387-0588
ADDRESS - STREET, CITY, STATE AND ZIP CODE
2. _____

3. _____

4. _____

5. _____

6. _____

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

STATEMENT OF CLAIM

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

Dec. 24-07 entered the prison system and was diagnosed with hepatitis C. On 1-24-08 came to london and was put on Chronic Care. On 12-2-08 was given Ultra sound was diagnosed with no abnormalities. There was treatment for Hepatitis C and was told I would not be treated. Years later offered treatment for Hepatitis -C due to high ~~abund~~^{liver} enzymes. Started process only to have it taken due to a lower level of liver enzymes through process. levels only progressed through time should of known Sever damage was happening to liver. In 2018 was approved again for treatment of Hepatitis C. Through the process I was given a Fibrosis Scan. In that scan I was diagnosed with cirrhosis of the liver stage 3. was told on 10-25-18 Prescribed medication for Hepatitis C for a twelve week period. was cured of Hepatitis C was taken off chronic Care as of 8-6-20. Have not be evaluated to see if Cirrhosis has advanced Since first being diagnosed

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I want \$250,000.00, medication (up to date) to have O.D.P.C. to pay all medical cost through life time. For ~~have~~ ^{caused} allowing them to have such damage to my liver due to them not treating me in a reasonable time. I've been suffering with the symptoms of Hep-C for a ten year period and now have to continue through life with the symptoms of Cirrhosis a chance to have my life shortened and advancement of the cirrhosis into further stages

SIGNED THIS 9 DAY OF 28 20 20

Clarence Xay 567594
SIGNATURE OF PLAINTIFF